



EMSC/CHILD READY CONNECTION NEWSLETTER



OCTOBER, VOLUME 2, ISSUE 10

A word from the EMSC Program Manager:

Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation*) is provided to children and adolescents, no matter where they live, attend school or travel.



Child Ready Montana- State Partnership of Regionalized Care (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

**THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME
WITH THE RIGHT RESOURCES!**

Exciting news and events are going on this month!

TRIVIA- ANSWER AND WIN PRIZES

See the Belt Mass Casualty Event Pictures (page 2);

Down Syndrome Precautions with Airway; Under triage;
the New Mass Casualty Triage Guidelines with NASEMSO;
and AHEAD-asthma Grants for EDs.



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BELT MASS CASUALTY EVENT (SEPT 14, 2014)

Belt Ambulance held their first-ever Mass Casualty Exercise at Belt High School on September 14, 2014. Training Director for Belt Ambulance Gene Cantley helped organize the exercise. A mass casualty event is by definition-any time an event overwhelms your ability of dealing with it. Belt Ambulance Director Meghan Johnson said that they chose the bus scenario because they have a lot of different buses coming through the district. Belt Ambulance, Belt Rural Fire Department, Great Falls Emergency Services, Mercy Flight, Sand Coulee Fire, Fort Benton Ambulance, Monarch Fire, Geyser Ambulance, and Neihart Fire all participated in Sundays training.

The goal was to do a rapid triage. Determine who was critical, who was walking wounded, who could wait, then to keep the patients alive. "It was surprising to me how real it actually felt," said Gene Cantley. "And it's that reality that will help if a real-live incident happens. The more you train the better it is when you get on the real scene. " Below are a few pictures of the event.



THANK YOU TO TYREL SUZOR HOY FOR PHOTOGRAPHING THE EVENT.

CAMPAIGN FOR HEALTHIER BABIES MONTH



During the month of October, the March of Dimes Birth Defects Foundation is celebrating Campaign for Healthier Babies Month by stepping up its efforts to reach more women of childbearing age with valuable information which will give every baby a better chance of being born healthy.

These efforts are critical to prevent birth defects, low birth weight and prematurity, which are the leading causes of infant death and morbidity and also a tremendous cause of heartbreak and tragedy for so many families in the United States today.

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects and infant mortality. Through its campaign for healthier babies, the March of Dimes funds programs of research, community services, education and advocacy. To enhance these efforts, the foundation has started the March of Dimes Resource Center.

The resource center provides accurate up-to-date information and referral services to the public. It consistently offers high-quality, reliable, and prompt responses. It is staffed by highly trained professionals. The March of Dimes helps people one on one to address personal and complex problems relating to maternal and child health. The center provides information on numerous topics in which the March of Dimes has been in the forefront, such as the dangers of drug and alcohol use and other hazards during pregnancy. And most important, it is promoting the use of folic acid by women of childbearing age.

The center is a state-of-the-art facility which can be contacted by people around the world through both a toll free number and e-mail. The toll free number is 1-888-MODIMES, or by e-mail (<http://www.marchofdimes.org/contact-us.aspx>), and/or the Web site is <http://www.modimes.org>.

DOWN SYNDROME AWARENESS MONTH—Celebrated each October, with the goal to spread awareness, to educate about Down syndrome, and to celebrate people who have Down syndrome, and their abilities and accomplishments.

What are the effects of having Down syndrome? People with Down syndrome usually have hypotonia, or low muscle tone, and developmental delays. Early intervention programs and therapies are able to help children with Down syndrome reach the same milestones as typical children, albeit at a slightly longer pace. The rate at which the person with Down syndrome reaches these milestones, as well as the developmental delays he or she has, will be highly individual. There usually are cognitive delays as well, ranging from mild to moderate. It is important to remember, though, that each person with Down syndrome is different, just like typical people.

People with Down syndrome are also at increased risk for various medical conditions, such as heart defects, hearing problems, thyroid conditions, childhood leukemia, and Alzheimer's. **In addition, there are a myriad of distinct physical features, some affecting the airway. Among these are dental abnormalities, thickened and fissured lips or tongue, and progressive protrusion of the mandible due to a large tongue in a small oral cavity.**

These patients may have large tonsils and adenoids, choanal stenosis, or glossoptosis. Patients with Down syndrome tend to have a small tracheal diameter. Because of these anatomic concerns, the healthcare provider should use an endotracheal tube at least two sizes smaller than generally used, given the risk of airway trauma.

EMS providers must recognize the difficult airway and should intubate only with a back-up plan in place.

<http://www.emsworld.com/article/10741436/prehospital-assessment-of-patients-with-physical-disabilities>

WHAT IS ENTEROVIRUS D68?

Enterovirus D68 (EV-D68) is one of many non-polio enteroviruses. This virus was first identified in California in 1962, but it has not been commonly reported in the United States.



EV-D68 can cause mild to severe respiratory illness. Mild symptoms include fever, runny nose, sneezing, cough, and body and muscle aches. Most of the children who got very ill with EV-D68 infection had difficulty breathing, and some had wheezing. Many of these children had asthma or a history of wheezing.

Since EV-D68 causes respiratory illness, the virus can be found in an infected person's respiratory secretions, such as saliva, nasal mucus, or sputum. EV-D68 likely spreads from person to person when an infected person coughs, sneezes, or touches contaminated surfaces.



States with Lab-confirmed EVD68 Infections

The spread of enteroviruses is often quite unpredictable, and different types of enteroviruses can be common in different years with no particular pattern. In the United States, people are more likely to get infected with enteroviruses in the summer and fall. In general, infants, children, and teenagers are most likely to get infected with enteroviruses and become ill. That's because they do not yet have immunity (protection) from previous exposures to these viruses.

Children with asthma seemed to have a higher risk for severe respiratory illness. Ensure that the patient has an asthma action plan. Reinforce use of this plan, including adherence to prescribed long-term control medication. Encourage people with asthma who are experiencing an exacerbation to seek care early.

EV-D68 can only be diagnosed by doing specific lab tests on specimens from a person's nose and throat.

Respiratory illnesses can be caused by many different viruses and have similar symptoms. Not all respiratory illnesses occurring now are due to EV-D68. There are no antiviral medications currently available for people who become infected with EV-D68. Clinicians should consider EV-D68 as a possible cause of acute, unexplained severe respiratory illness, even if the patient does not have fever.

Report suspected clusters of severe respiratory illness to local and state health departments. EV-D68 is not nationally notifiable, but state and local health departments may have additional guidance on reporting.

For more information see: http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html?s_cid=cdc_homepage_whatsnew_001 or <http://www.dphhs.mt.gov/>

GLOVE AND GOWN EFFECTS ON INTRAOPERATIVE BACTERIAL CONTAMINATION

Through a laboratory-based strikethrough study of gown materials and *Staphylococcus* bacteria, the **researchers found that 26 out of 27 cloth gowns allowed bacterial transmission**, while none of the paper gowns did. Further examinations of gloves and gown sleeves during the course of orthopedic surgeries found that double-gloved participants who'd changed their outer gloves an hour in, as well as those wearing paper gowns, showed lower bacterial contamination rates.

22.5% of U.S. healthcare facilities, alcohol-based hand sanitizers aren't available at every point of care, according to a recently published study in the *American Journal of Infection Control*.

The Asthma Hospital Patient Education, Action Plan, and Discharge (AHEAD) Protocol Training and Funding Opportunity

Award amount: Value of up to \$5,000 will be awarded, including cash and equipment, such as a spirometer

Grant period: 1 year

Who can apply for the sub-award? Emergency department (ED) or urgent care clinic staff that work with patients who experience asthma exacerbations. Applicants can be individual staff members or a team of committed individuals.

Goal: To improve health outcomes for asthma patients who visit the emergency department and reduce overall asthma-related healthcare costs over time.

Asthma affected an estimated 90,600 Montana residents in 2012, and every year 4,500 hospitalizations with a primary or secondary diagnosis of asthma occur in the state.

Many asthma patients in Montana do not receive evidence-based healthcare or education to learn how to self-manage their disease.

By following evidence-based guidelines and providing asthma self-management education, you can empower your patients to better control their disease.

In return for project deliverables, the Montana Asthma Control Program will provide:

1. An award that values up to \$5,000 to be used on medical equipment, such as a spirometer, additional training in an EHR system, attending training sessions, etc.
2. At least one brief educational session on guidelines-based treatment and discharge for asthma patients, approved for continuing education credits, free of charge.
3. Support for a quality improvement project to focus on incorporating guidelines-based care into existing workflow.
4. Support for at least one PH staff member in becoming a certified asthma educator by providing access to our lending library of materials and our mentorship network.
5. A scholarship for at least one PH staff member to attend the half-day Association of Asthma Educator's training (location TBD).
6. A scholarship to the Big Sky Pulmonary Conference to be held at Fairmont Hot Springs in Anaconda, MT February 26-28, 2015.
7. Upon completion of the program, grantees will receive a certificate of completion and a sample press release to use as they see fit.

Contact Anna von Gohren, the MACP Quality Improvement Coordinator, for more information and an application at:

avongohren@mt.gov or (406) 444-7304



PREGNANCY AND INFANT LOSS AWARENESS MONTH

Pregnancy and Infant Loss Remembrance Day is a day of remembrance for pregnancy loss and infant death, which includes but is not limited to miscarriage, stillbirth, SIDS, or the death of a newborn. It is observed annually in the United States and Canada and, in recent years, in the United Kingdom and in the Australian States of Western Australia and New South Wales, in Italy on behalf of a charity named Piccoli Angeli on October 15.

The day is observed with remembrance ceremonies and candle-lighting vigils, concluding with the International Wave of Light, a worldwide lighting of candles at 7:00 p.m.

[HTTP://MISCARRIAGE.ABOUT.COM/OD/COPINGWITHMISCARRIAGES/QT/OCTOBER15.HTM](http://miscarriage.about.com/od/copingwithmiscarriages/qt/october15.htm)



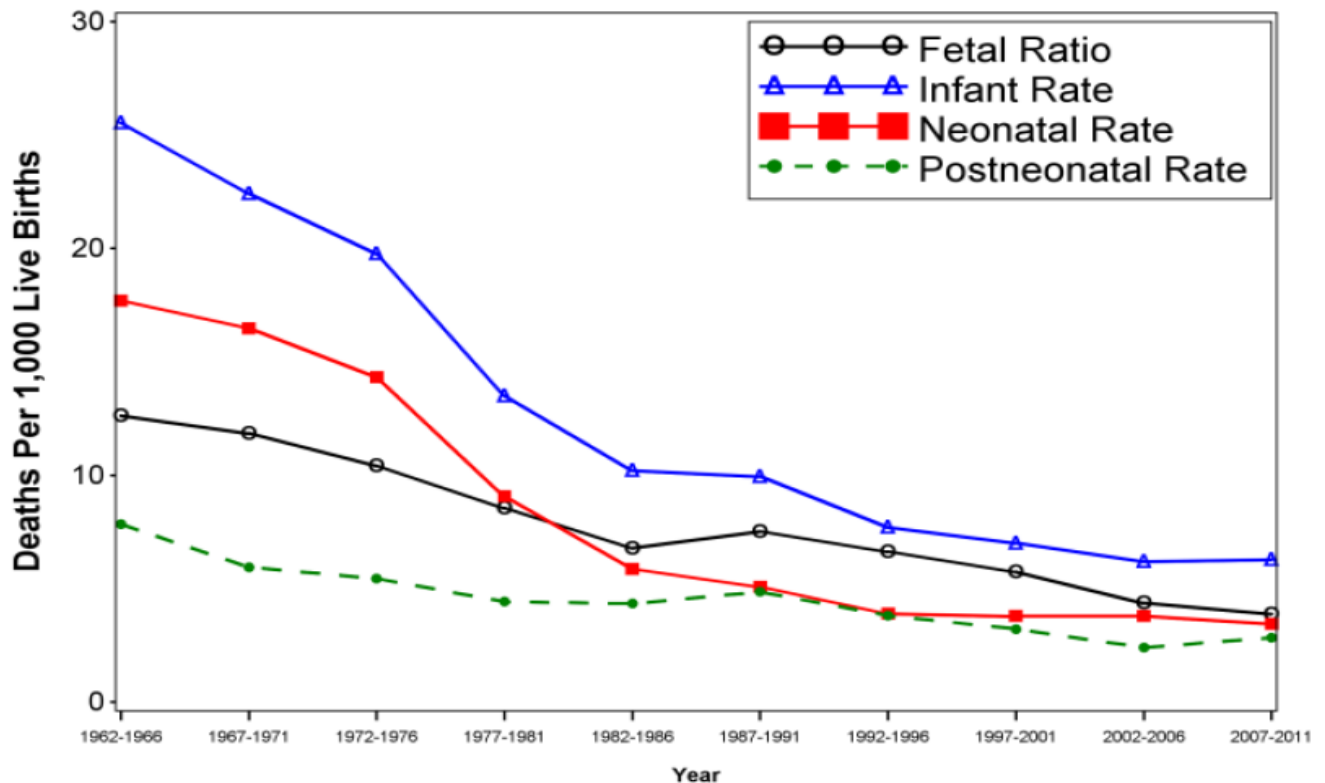
MONTANA HAS MADE GREAT IMPROVEMENT IN THE REDUCTION OF INFANT DEATHS—CHECK OUT THE STATISTICS FROM 1962 TO 2011.

[HTTPS://WWW.GOOGLE.COM/SEARCH?Q=MONTANA+STATISTICS+FOR+INFANT+DEATH&SOURCEID=IE7&RLS=COM.MICROSOFT:EN-US:IE-ADDRESS&IE=&OE=&SAFE=ACTIVE&GWS_RD=SSL](https://www.google.com/search?q=montana+statistics+for+infant+death&sourceid=ie7&rls=com.microsoft:en-us:ie-address&ie=&oe=&safe=active&gws_rd=ssl)

Montana Vital Statistics 2011

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES PUBLIC HEALTH AND SAFETY DIVISION

Five-Year Infant Mortality Rates and Fetal Mortality Ratios
Montana and United States, 1962-2011



UNDERTRIAGE OF MAJOR TRAUMA PATIENTS IN THE U.S. EDS

A recent [study](#) published in the *American Journal of Emergency Medicine* estimated the national under triage rates among major trauma patients, assessed the characteristics and diagnosis of the under triaged patients, and assessed the necessary capacity increase for trauma centers to accommodate under triaged major trauma patients using the 2010 National Emergency Department Sample.

A total of 232,448 major trauma discharges occurred in 2010. The level of care received was known for 197,702 of the 232,448 discharges. Of the 197,702 discharged trauma patients with known levels of care, 34% were under triaged in emergency departments. Elderly patients were more likely to have been under triaged (adjusted odds ratio (2.04, 95% C.I. 1.59-2.62). **Additionally, children ages 0-5 and 6-17 were under triaged 34.8% and 25.3% of the time, respectively. Traumatic brain injuries (TBIs) were the most common under triage diagnosis representing 40.2% of the under triaged cases.**

For more information: <http://www.sciencedirect.com/science/article/pii/S0735675714004069>

NATIONAL ASSOCIATION OF STATE EMS OFFICIALS (NASEMSO) (August 19, 2014)

The addendum for the Instructional guideline on the **Model Uniform Core Criteria for Mass Casualty Triage (MUCC)**.

The NASEMSO is the lead national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems.

History has shown us that there is little to no advance notice of natural or man-made disasters. And that many disasters stress local as well as state EMS resources thereby requiring response from many EMS jurisdictions and communities'. **Based on this fact the NASEMSO supports the proposed concept of implementing MUCC to ensure a coordinated approach to triage by EMS and its response partners.** The NASEMSO supports this implement strategy document and agrees that it is needed.

The following are comments from the NASEMSO members:

- Ensure that the development & implementation of a standardized educational and instructional manual includes NASEMSO and State EMS Directors.
- Identify a time-line to roll out MUCC in 3-5 years in order to allow local and state EMS providers the time needed for training and implementation of MUCC.
- Identify a plan/process for informing local EMS stakeholders and local EMS Systems of MUCC and why the current triage process is being changed- Include fire and EMS stakeholders in the implementation phase.
- Identify grant opportunities for EMS to support, adopt and offset costs to all aspects of this project.
- The MUCC document should not limit training to medically trained personnel but should include other potential resources who assist in the triage process in a large scale MCI. This project will ensure a more coordinated future for emergency services provider when responding and managing natural or man-made disasters. (Nasemso \letters\MUCC Comments NASEMSO 08-25-2014.docx)

To see the document go to www.nhtsa.gov.



CHILD READY MONTANA

Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

CULTURE OF HEALTHCARE IN MONTANA

Culture in Montana may not be as diverse as Seattle or Washington DC. But we have diverse populations of people that live amongst each other. Montana is home to Many Native Tribes, Nationalities, Ethnic Backgrounds, and environmental cultures. We have growing populations that exist as well. We have populations that also choose not to utilize healthcare.

Upon our growing demands in healthcare we must remember the patient. The patients that my come from several backgrounds, may speak a different language or dresses traditionally.

Child Ready MT has a priority to reach our Health care facilities to address cultural barriers and needs to help our family's access healthcare. This will be the first article of many that will address cultural barriers in Montana.

The first to be addressed is the healthcare culture. What is health care to you? Is health care a place to get well when you are sick? Or is Healthcare a place you to go to stay well? This is the first question that must be asked. What is your outlook on healthcare. What is your origination's outlook? When treating a patient with a cultural background, we must look at our thoughts on what the patient is accessing.

Culture of healthcare is very diverse from prevention, clinic, to the hospital and follow up. As diverse each system is we ask our patients to utilize each piece with perfection. We all know this is not the case no matter the culture or environment. This article is intended to introduce the question and the follow up articles will hopefully supply tools to address the many barriers that exist. Please feel free to contact Kassie Runsabove Program Manager and Cultural Liaison to schedule Cultural sensitivity presentations in your facility.

Kassie Runsabove 406-238-6216 or Kassie.runsabove@sclhs.net

Updates:

October -Child Ready will be doing site visits in Glendive and Ekalaka. Cultural Sensitivity presentations with AHEC Residency program at River Stone Healthcare.

RWJF OFFERS SMALL GRANTS TO IMPROVE HEALTH CARE COSTS

The Robert Woods Johnson Foundation (RWJF) has issued a call for proposals for their small grants program. Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

- ☐ examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and
- ☐ exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

Grants will be for projects requiring \$100,000 or less and projected to take up to 12 months or less. Only organizations and government entities are eligible to receive funding under this program. The solicitation notice for grants that exceed \$100,000 and are expected to take longer than 12 months is available here. Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

For more information...<http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html>



TRIVIA CONTEST:

First 3 to answer the questions wins a free all expense paid trip to the Yukon.....not really— but how about a Pediatric Crash Card (\$25 value)? —Email rsuzor@mt.gov

1. What is AHEAD? See page 5
2. What is the most common under triage diagnosis representing 40.2% of the under triaged cases?
3. How can EV-D68 be diagnosed?

TRAINING RESOURCES:

OREGON EMSC AND REELDX ANNOUNCE PARTNERSHIP TO PUBLISH MEDICAL VIDEOS FROM 911 RESPONDERS

ReelDx, the leading provider of real-patient videos, has launched the first online library of real-pediatric patient video case studies designed to train emergency medical services (EMS) providers. Sponsored by Oregon EMSC, the new pediatric cases within the [prehospital library](#) provides EMS professionals with short videos of real patient encounters in the field and in emergency rooms, substantial case data and imagery, and peer-authored and reviewed write-ups of each case. Each case includes a video of about one minute in length along with patient medical history, dispatch information, and first responder interventions used. Many cases also include rich supplemental materials, such as still pictures of trauma scenes, caregiver interviews, EKG, and other test results.

See <https://meded.reeldx.com/#/libraries/prehospital/cases> or contact [Philip Engle](#). The registration is free.

EMSC ONLINE TRAINING PORTAL

The EMSC National Resource Center's (NRC) new website features an [Online Training Portal](#). These flexible, pediatric-focused trainings are convenient and available 24 hours a day to meet the participant's lifestyle. In general, the courses are all self-paced and should take approximately 30 to 90 minutes to complete, depending on the course selected. Participants may enter and exit a course at any time, then re-enter to complete the course at their convenience. Many of the courses offer continuing education credit.

A variety of courses are available targeting [EMS Professionals](#), [Acute Care Professionals](#), [Residents and Fellows](#), [School Nurses](#), and [Family and Caregivers](#). Check it out today!

EMSC COURSE:

Former EMSC Targeted Issue Grantee University of New Mexico developed an [EMSC course](#) which primarily targets prehospital EMS personnel and includes **11 modules: pediatric seizures, diabetes, blunt chest trauma, methamphetamine, child abuse, Down Syndrome, technological dependent, Shaken Baby Syndrome, poisoning/toxic exposure, adrenal crisis and EMS, and safe transport of children in EMS vehicles (Parts I and II).**

This course and several other courses by the University can be found on the National EMS for Children Webpage at [EMSC NRC website](#).

